



Missouri Department of Revenue
Request From Motor Vehicle Record Holder

Complete this form to request a copy of your title or registration record information.

Record Holder's Information	First Name		Middle Initial	Last Name	
	E-mail Address			Daytime Telephone Number () - -	
	Mailing Address		City	State	Zip Code

Requested Record	Year	Make	Vehicle Identification Number (VIN), Hull Identification Number (HIN), or Outboard Motor Identification Number (OBIN)						
	Business or Owner Name(s) displayed on requested title record								
	<p>I am requesting the following information</p> <table border="0"><tr><td><input type="checkbox"/> Last title record issued to me for requested VIN/HIN/OBIN</td><td><input type="checkbox"/> All Title records issued to me or requested VIN/HIN/OBIN</td></tr><tr><td><input type="checkbox"/> Last registration record issued to me for requested VIN/HIN/OBIN</td><td><input type="checkbox"/> All registrations records issue to me for requested VIN/HIN/OBIN</td></tr><tr><td colspan="2"><input type="checkbox"/> Other (specify below)</td></tr></table>				<input type="checkbox"/> Last title record issued to me for requested VIN/HIN/OBIN	<input type="checkbox"/> All Title records issued to me or requested VIN/HIN/OBIN	<input type="checkbox"/> Last registration record issued to me for requested VIN/HIN/OBIN	<input type="checkbox"/> All registrations records issue to me for requested VIN/HIN/OBIN	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Last title record issued to me for requested VIN/HIN/OBIN	<input type="checkbox"/> All Title records issued to me or requested VIN/HIN/OBIN								
<input type="checkbox"/> Last registration record issued to me for requested VIN/HIN/OBIN	<input type="checkbox"/> All registrations records issue to me for requested VIN/HIN/OBIN								
<input type="checkbox"/> Other (specify below)									

Mailing & Fax Information	Would you like the requested information to be sent somewhere other than to the record holder's address listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, how would you like it to be sent?				
	<input type="checkbox"/> Mail (provide alternate mailing address) <input type="checkbox"/> Fax (add \$0.50 per page faxed; provide fax number) <input type="checkbox"/> Request record to be certified				
Name		Agency Name (if applicable)		Fax Number () - -	
Address		City	State	Zip Code	

Payment Options and Signature	Records can be obtained by walk-in, mail-in, or e-mail request. The fee is \$5.88 per record. A convenience fee will be charged for credit or debit card transactions. The Missouri Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds. You may visit us at Central Office, Harry S Truman Building, Room 370, 301 West High Street, Jefferson City, Missouri.									
		Cash	Check	Money Order	Debit Card	Discover	Visa	American Express	Mastercard	
	Central Office Visit	✓	✓	✓	✓	✓	✓	✓	✓	
	Mail		✓	✓		✓	✓	✓	✓	
	Fax or E-Mail					✓	✓	✓	✓	
If you are paying by credit or debit card you must provide the following:										
Name (as it appears on card)			Card Type		Card Number			Security Code	Expiration Date / /	
Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I authorize the Department of Revenue to send the requested record where I designated above.										
Record Holder's Signature					Printed Name			Date (MM/DD/YYYY) / /		

Notary Information	Embossed or black ink rubber stamp seal	Subscribed and sworn before me, this		
		day of		year
		State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY) / /
		Notary Public Signature		
		Notary Public Name (Typed or Printed)		

Mail to: Motor Vehicle Bureau, Record Center
P.O. Box 2048
Jefferson City, MO 65105-2048

Phone: (573) 526-3669
Fax: (573) 751-7060
E-mail: mvrecords@dor.mo.gov

Visit
<http://www.dor.mo.gov>
for additional information.

Form 5499 (Revised 10-2014)

